

5 A DAY ACTIVITY TRACKING FORM

PLEASE COMPLETE THIS FORM FOR EACH 5 A DAY ACTIVITY and FAX IT BACK TO
MARY K. SOLERA AT (757)444-1345

NAME: _____ PHONE: () _____ SITE: _____

1. Name of activity/event (e.g., food demonstration): _____

2. _____
Organization(s) that conducted the activity

3. _____
Date activity was conducted

4. _____
Organization(s) that funded the activity (or provided other resources)

5. \$ _____
Estimated total cost of the activity
(Include cash and in-kind contributions)

6. Audience targeted: (Circle all that apply.)

- | | | |
|--------------------|---|---|
| 1. General public | 5. Persons with low literacy | 9. Health professionals |
| 2. Adults | 6. Persons on assistance (e.g., WIC, AFDC) | 10. Teachers (e.g., schools, in day care centers) |
| 3. Senior citizens | 7. Minorities (e.g., Blacks, Hispanics, Asians) | 11. Other (Specify) _____ |
| 4. Youth/kids | 8. Persons with health risks | |

7a. Setting or channel where the activity was conducted: (Circle all that apply.)

- | | | |
|---|--|--|
| 1. Media (print, electronic) | 6. Supermarkets/Farmers' markets | 10. Physicians' offices |
| 2. Worksites (any office/factory setting) | 7. Restaurants/Foodservice | 11. Health care facilities (e.g., hospital, nutrition center, HMO) |
| 3. Schools/Universities | 8. Food assistance programs (e.g., WIC) | 12. Other (Specify) _____ |
| 4. Child care facilities | 9. Community organizations/events (e.g., library, fair, senior center) | |
| 5. Religious organizations (e.g., churches) | | |

7b. If you circled more than one setting above, indicate the primary setting for the activity: _____

8. Estimated number of persons reached: (Circle one. If you circle 7, provide estimated number.)

- | | | | |
|-------------|---------------|-------------------|--|
| 1. 1 to 20 | 3. 51 to 100 | 5. 501 to 1,000 | 7. More than 5,000 (Estimate number below) |
| 2. 21 to 50 | 4. 101 to 500 | 6. 1,001 to 5,000 | _____ persons |

9. Name of city, county or other geographic area reached by the activity (e.g., MWR, Base, facility)

10. Briefly describe the activity and materials used:

11a. Goals of this activity: (Circle all that apply. To ensure comparable responses use the definitions in parenthesis.)

- | | |
|--|---|
| 1. <u>Increase awareness</u> (Activities that inform about the need to eat 5 or more fruits and vegetables a day) | 4. <u>Develop skills</u> (Activities that offer tips, practice skills, etc. on how to include more servings of fruits and vegetables in diet) |
| 2. <u>Motivate consumers</u> (Activities that encourage diet change by showing the health <u>benefits</u> of eating 5 a day) | 5. <u>Promote food system support</u> (Activities that develop or modify restaurant/foodservice/catering/vending machine/other <u>systems and policies</u> to promote consumer diet change) |
| 3. <u>Develop social support</u> (Activities that use peer, family, other influences to reinforce healthy eating) | |

11b. If you circled more than one goal above, indicate the primary goal for the activity: _____

12a. Method(s) used to evaluate the activity: (Circle all that apply.)

- | | | | |
|-----------|-----------------------|-------------------------------|--------------------------|
| 1. None | 3. Focus groups | 5. Informal counts/sales data | 7. Other (Specify) _____ |
| 2. Survey | 4. Informal questions | 6. Media reports/news clips | |

12b. Key findings: (Please attach, if available.) _____

Thank You!